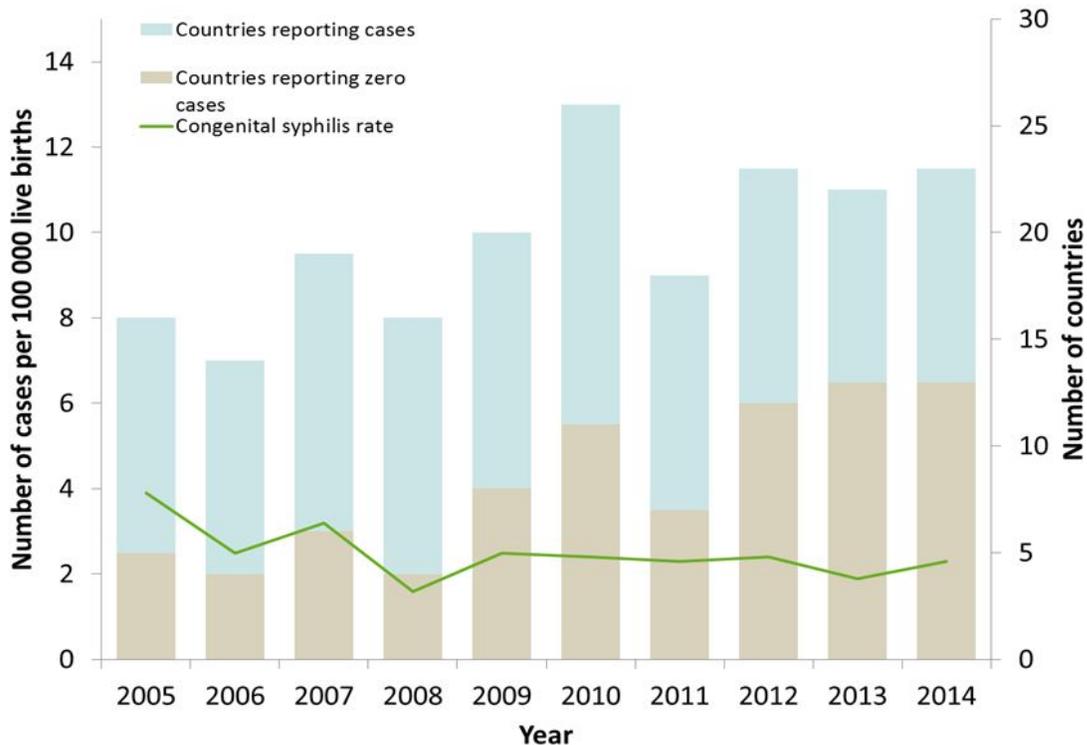


Antenatal screening in Europe: How to avoid mother-to-child transmission of infections

March 21 2017

Figure 1. Number of reported confirmed congenital syphilis cases per 100 000 live births; number of countries reporting congenital syphilis data, 25 EU/EEA countries, 2005–2014



Suggested citation: European Centre for Disease Prevention and Control. Annual epidemiological report 2015. Congenital syphilis. Stockholm: ECDC; 2016.
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Transmission of infections with HIV, hepatitis B, syphilis or rubella from mother to child before and during birth as well as in infancy still occur across Europe.
 Credit: ECDC

Transmission of infections with HIV, hepatitis B, syphilis or rubella from mother to child before and during birth as well as in infancy still occur across Europe - despite existing prevention methods. A new ECDC report outlines the cornerstones for effective antenatal screening programmes across the EU/EEA countries.

Each year, more than five million live births are recorded in the European Union. Almost as many [pregnant women](#) are screened for infections - namely for HIV, syphilis, hepatitis B and rubella susceptibility - in order to prevent possible mother-to-child transmission (MTCT).

However, children are still being born with these infections in the EU/EEA. For example, 424 congenital syphilis infections and 274 HIV infections were reported in children born between 2010 and 2014.

In its evidence-based guidance, ECDC aims to help Member States to strengthen antenatal screening in the general population and in particular among vulnerable groups for MTCT.

The guidance looks at which elements of a national antenatal screening programme for infections influence effectiveness, and which are the specific approaches to be used for reaching the vulnerable groups in order to increase the uptake of prenatal care and reduce mother-to-child transmission. The guidance is accompanied by two technical reports of literature reviews.

Among the main proposals for effective antenatal screening are:

- Testing for HIV, syphilis and hepatitis B during the first trimester of pregnancy.

- Repeat testing offer during the third trimester for pregnant [women](#) at increased risk of infection and/or for those who previously refused testing.
- Testing at delivery to women who had not previously been tested.
- For HIV and syphilis in particular, a universal approach should be considered for the antenatal screening, which means voluntary testing for all pregnant women with an opt-out possibility.

To improve the uptake of antenatal testing among vulnerable groups like migrant women or women at higher risk for infections due to injecting drug use or those engaging in high risk sexual practices, several options may be considered.

This includes addressing communication barriers regarding language, literacy levels, or individual or cultural specifics, and improving access to antenatal care through outreach services and informal networks can help.

Why test for infections during pregnancy?

Mother-to-child transmission is the most predominant mode of HIV infection in young children worldwide. Without intervention, the risk of HIV transmission from an infected mother to her child ranges from 15% to 30% during pregnancy/delivery to between 10% and 20% during breastfeeding. This risk can be reduced to 1 to 2% with a combination of appropriate antenatal interventions including antiretroviral therapy (ART) for the mother, antiretroviral prophylaxis for the newborn, and avoidance of breastfeeding.

Transmission of hepatitis B from mother to child is preventable in 95% of all cases through the administration of vaccine and immunoglobulin to the baby at birth. With no immunoprophylaxis, more than 90% of infants infected by their positive mothers will go on to develop chronic

[infection](#).

There is no treatment for rubella but MTCT can be prevented by ensuring that all women who plan to get pregnant are immune or have been immunised against rubella.

Read the [full report](#) Antenatal screening for HIV, hepatitis B, syphilis and rubella susceptibility in the EU/EEA - addressing the vulnerable populations

Provided by European Centre for Disease Prevention and Control (ECDC)

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